

## PART B - ISSUE FEE TRANSMITTAL

**MAILING INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE. Blocks 2 through 6 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advanced orders and notification of maintenance fees will be mailed to addressee entered in Block 1 unless you direct otherwise, by: (a) specifying a new correspondence address in Block 3 below; or (b) providing the PTO with a separate "FEE ADDRESS" for maintenance fee notifications with the payment of Issue Fee or thereafter. **See reverse for Certificate of Mailing.**

1. CORRESPONDENCE ADDRESS		2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)	
 444, MILL RIVER RD. ALBANY, NY 10502 <i>Cham</i>		INVENTOR'S NAME	
		Street Address	
		City, State and ZIP Code	
		CO-INVENTOR'S NAME	
		Street Address	
		City, State and ZIP Code	
<input type="checkbox"/> Check if additional changes are on reverse side			

SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
07/315,962	02/27/89	005	RAYMOND, R	129 01/24/90
First Named Applicant	JOEGGI, KRUT A.			

TITLE OF INVENTION: **SUBSTITUTED ALKANEDIPHOSPHONIC ACIDS AND PHARMACEUTICAL USE (AS AMENDED)**

	ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
1	416180CIP	514-094.000	037	UTILITY	NO	\$620.00	04/24/90

3. Further correspondence to be mailed to the following:	4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.
<b>CIBA-GEIGY Corporation</b> <b>Patent Department</b> <b>7 Skyline Drive</b> <b>Hawthorne, New York 10532</b>	1 <u>JoAnn Villamizar</u> 2 _____ 3 _____

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S 20158 04/27/90 07315962  
 S 20159 04/27/90 07315962  
 07-0590 020 142 620.00CH  
 07-0590 020 501 15.00CH

5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)		6a. The following fees are enclosed:	
(1) NAME OF ASSIGNEE:		<input type="checkbox"/> Issue Fee <input type="checkbox"/> Advanced Order - # of Copies _____	
(2) ADDRESS: (City & State or Country)		(Minimum of 10)	
Ciba-Geigy Corporation		6b. The following fees should be charged to:	
Ardsley, New York 10502 USA		DEPOSIT ACCOUNT NUMBER <u>07-0590</u>	
(3) STATE OF INCORPORATION, IF ASSIGNEE IS A CORPORATION		(Enclose Part C)	
New York		<input checked="" type="checkbox"/> Issue Fee <input checked="" type="checkbox"/> Advanced Order - # of Copies <u>10</u> <input checked="" type="checkbox"/> Any Deficiencies in Enclosed Fees (Minimum of 10)	
A. <input type="checkbox"/> This application is NOT assigned.		The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.	
<input checked="" type="checkbox"/> Assignment previously submitted to the Patent and Trademark Office.		(Signature of party in interest of record) <u>Reg. No. 30,598</u> (Date) <u>4/19/90</u>	
<input type="checkbox"/> Assignment is being submitted under separate cover. Assignments should be directed to Box ASSIGNMENTS.		NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.	
PLEASE NOTE: Unless an assignee is identified in Block 5, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.			

TRANSMIT THIS FORM WITH FEE-CERTIFICATE OF MAILING ON REVERSE

## Certificate of Mailing

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

Box ISSUE FEE  
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Washington, D.C. 20231



on April 19, 1990  
(Date)

JoAnn Villamizar

(Name of person making deposit)

(Signature)

*JoAnn Villamizar*

(Date)

*April 19, 1990*

Note: If this certificate of mailing is used, it can only be used to transmit the Issue Fee. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawings, must have its own certificate of mailing.

NEW YORK 10038  
7 Skyline Drive  
Patent Department  
OTHER OFFICE INFORMATION

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This form is estimated to take 20 minutes to complete. Time will vary depending upon the needs of the individual applicant. Any comments on the amount of time you require to complete this form should be sent to the Office of Management and Organization, Patent and Trademark Office; Washington, D.C. 20231 and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.